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de Granmata All further co	rrespondence including the below or directed otherwise	Patent advance or	rders and notifi	ication of maintenance fees	quired). Blocks 1 through 5 s will be mailed to the current ss; and/or (b) indicating a sepa	correspondence address as	
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7 Alfred O. Eisele P.O. Box 835 Milford, DE 19963 1/11/2005 RREBRAH1 000	•			I hereby certify that	Certificate of Mailing or Trans this Fee(s) Transmittal is bein with sufficient postage for fir iail Stop ISSUE FEE address SPTO (703) 746-4000, on the o	g deposited with the United st class mail in an envelope above, or being facsimile late indicated below.	
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						(Date)	
APPLICATION NO.	FILING DATE	FIRST NAMED INVE		INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/764,355	01/23/2004		Alfred O.	Eisele	2629	8102	
TITLE OF INVENTION: V	VRITING INSTRUMENT H	AVING METAL (CASTING ANI	D PROCESS FOR THE MA	NUFACTURE THEREOF		
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	YES	\$700		\$300	\$1000	08/15/2005	
EXAMINER		ART UNIT		CLASS-SUBCLASS			
WALCZAK, DAVID J		3751	751 401-195000		•		
CFR 1.363). Change of correspond Address form PTO/SB/1 "Fee Address" indica	te address or indication of "F dence address (or Change of 22) attached. tion (or "Fee Address" Indica or more recent) attached. Us	Correspondence	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
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PLEASE NOTE: Unless recordation as set forth in	s an assignee is identified be n 37 CFR 3.11. Completion	elow, no assignee of this form is NO	data will appea T a substitute fo	ar on the patent. If an assi or filing an assignment.	gnee is identified below, the d	locument has been filed for	
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Alfred O. Eisele P.O. Box 835							
	e assignee category or catego	ries (will not be pr	inted on the pa	FOVOLDE 1996	3 Corporation or other private gro	oup entity Government	
4a. The following fee(s) are			. Payment of F			· · · · · · · · · · · · · · · · · · ·	
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Authorized Signature	MyCay		Date August 5, 2005				
Typed or printed name _	Afred b. E	scie		Registratio	on No. 10/764	355	
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